

SUBCONTRACTOR DATA SHEET

Contract Beginning Date _____ Contract Ending Date _____
Check source of funding: _____ Ryan White _____ State Services _____ Early Intervention
Subcontractor Name: _____
Mail Address: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
E-mail address: _____
Executive Director: _____
Contact Person & Title: _____
Estimated Number of Persons to be Served: _____
Services Categories to be provided:*

*(Attach Table 1 if more than one service is to be provided)

CATEGORICAL BUDGET INFORMATION

Personnel:	\$ _____	
Fringes:	\$ _____	
Travel:	\$ _____	
Equipment:	\$ _____	
Supplies:	\$ _____	
Contractual:	\$ _____	
Other:	\$ _____	
Total Direct Costs (DC):		\$ _____
Indirect Costs (IC):		\$ _____
Total Subcontract Amount (DC + IC):		\$ _____

ATTACH A BUDGET JUSTIFICATION FOR THE ABOVE ITEMS (If over \$25,000).

FEE-FOR- SERVICE/UNIT COST CONTRACT

If the subcontract is a fee-for-service or unit cost contract, provide the maximum amount that can be charged under the contract and attach the Fee-For-Service form.

AMOUNT:\$ _____

Name of Administrative Agency: _____
Selection Process: __Competitive Bid__Sole Source__Single Source_____
Minority Subcontractor? _____Yes*_____No *(50% of Board of Directors must be minority.)
HUB Certified ? _____Yes_____No
Does your agency collect sliding-scale fees from clients? ____Yes ____No
Does your agency collect co-payments from clients? ____Yes ____No

FEE-FOR-SERVICE FORM

1. Name of Provider : _____

2. Type of Service/Service Category: _____

3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed. This narrative description should include the Who, What, Where, When and Why to justify the unit cost.

4. Fee Charged Per Unit of Service: _____

5. Number of Units to be Provided: _____

6. Maximum Charges for this Contract: _____

7. COMPIS Definition of the Unit of Service:

8. Unit Fee-for-Service reimbursement contracts **MUST** report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below:*

Personnel:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual:

Other:

Indirect Costs:

TOTAL BUDGET: _____

Divided by # of Units of Service: _____

Equals Fee per Unit of Service:

*NOTE: The budget breakdown is NOT required for unit costs that use a Medicaid approved rate. If you are using a Medicaid approved rate, check the box below:

Medicaid Approved Rate Used